

**BELDING AREA SCHOOLS  
REGISTRATION/EMERGENCY FORM**

Today's Date: \_\_\_\_\_ 1<sup>st</sup> Date of Attendance: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number/Street Name City State Zip Code County

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: • Male • Female  
Month/Day/Year City/State

**Ethnicity and Race:** (Note: Both Part A and Part B of the question must be answered. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.)

<b>Part A:</b> Is this student Hispanic/Latino (Choose only one) • No, not Hispanic/Latino • Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
<b>Part B:</b> What is the student's race? (If Multi-Racial, please indicate with percentages)
_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)
_____ Black or African American (A person having origins in any of the original peoples of the Black racial groups of Africa)
_____ American Indian/Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America)
_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
_____ Asian American (A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

What is your child's native (first) language? • English • Spanish • Other \_\_\_\_\_  
What is the primary language spoken in your child's home? • English • Spanish • Other \_\_\_\_\_

Previous school attended: \_\_\_\_\_  
District Name City/State

Has your child attended Belding Area Schools before? • Yes • No  
Has your child been expelled from school? • Yes • No

If yes, please explain: \_\_\_\_\_

Special services your child received at previous school: (check all that apply)  
• Speech • Learning Disabled • Social Worker • Title I • Reading Recovery • Limited English Proficient • Migrant

Adult MALE Parent/Guardian in the Home: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth of Adult MALE Parent/Guardian in the Home: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Listed: • Yes • No

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Adult FEMALE Parent/Guardian in the Home: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth of Adult FEMALE Parent/Guardian in the Home: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Listed: • Yes • No

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other children who reside in the Home:

Legal Name	Birthdate	Grade	Building	
_____	_____	_____	_____	• natural sibling • step sibling
_____	_____	_____	_____	• natural sibling • step sibling
_____	_____	_____	_____	• natural sibling • step sibling

Parent living elsewhere: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Mailings? • Yes • No

Address: \_\_\_\_\_  
Number/Street Name City State Zip Code

Custody Issues: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person (Other than Parent)	Phone Number	Relationship
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

Does your child attend a day care center or go to a sitter after school? • Yes • No

If yes, \_\_\_\_\_  
Number/Street Name City State Zip Code

Emergency medical conditions/problems: (check ALL that apply)

- hemophiliac • diabetic • epileptic • asthma • contact lenses • wears glasses
- peanut allergy • bee sting allergy

Other medical conditions that may affect your child at school: \_\_\_\_\_  
\_\_\_\_\_

Allergies (please list food, medication, and environmental allergies): \_\_\_\_\_  
\_\_\_\_\_

Medications (please list medications that your child is currently taking): \_\_\_\_\_  
\_\_\_\_\_

The Family Rights and Privacy Act requires your signature for disclosure of any medical problems your child may have. Your signature will allow release of medical information to school or medical personnel to better serve your child.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
Number/Street Name City State Zip Code

**Parent/Guardian Signature:** \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement necessary. **Note to parents:** No medications will be administered by school personnel without written directions from parent.

**Parent/Guardian Signature:** \_\_\_\_\_

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_